MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH സ 35191 ξŲ 1. PLACE OF DEATH Registration District No...... County..... Primary Registration District No...... Registered No. Township... 6 ....Ward. Residence, No. (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurr mos. mos. MEDICAL CERTIFICATE OF DEATH statement of PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Ferna CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF should be Exact (OR) WIFE OF to have occurred on the date stated above, at/0 \_\_ m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: DAYS If LESS than 1 7. AGE YEARS MONTHS day, .....hrs. classifi or .....min. 8. Trade, profession, or particular kind of work done, as spinner, ould be carefully supplied so that it may be properly ( sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation .... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? 9 14. BIRTHPLACE (CITY OR TOWN) B.—Every item of information USE OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify., 20. FILED:a.

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